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CONFIRMATION NO. 1729

<b>SERIAL NUMBER</b> 10/035,832	<b>FILING OR 371(c) DATE</b> 12/26/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> CHIR0021-100 (PP23698.001)
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/747,377 12/22/2000 ABN and is a CIP of 09/798,586 03/02/2001 ABN  
 and is a CIP of 10/004,113 10/23/2001 ABN  
 and is a CIP of 10/052,482 11/08/2001 ABN  
 and is a CIP of 09/997,722 11/30/2001 ABN  
 and is a CIP of 10/034,650 12/20/2001 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 None

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 02/20/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: [Signature] Initials: [Initials]	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 14
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**ADDRESS**  
55255

**TITLE**  
Novel compositions and methods for cancer

<b>FILING FEE RECEIVED</b> 897	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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